



## Health Careers Certification – Burns Flat Campus

Instructor: Linda Badillo, MSN, BSN, RN

Assistant Instructor: Kim McClure, LPN

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**COMPLETED APPLICATION MUST BE TURNED IN BY January 27, 2023 by 4pm.**

The following items are due to Western Technology Center (WTC) **by January 27<sup>th</sup>**. **Your enrollment in the Health Careers Program cannot be considered until all items are received and you and a parent/guardian have attended a Mandatory Parent Meeting.**

A. Student Application (the application includes **all** 11 items below):

1. WTC Application Form Completion.
2. Consent Form Completion.
3. Documentation of immunizations. A copy of the entire immunization recorded is needed. **Also, a TB test will be required before winter break (NOT FOR THIS APPLICATION. IT WILL EXPIRE PRIOR TO CLINICAL.)** if the student is accepted to the program. This can be obtained free of charge at the local county health department. Hepatitis B series completed or at least started before application unless a declination form is included. This should already be completed for high school students. Please note that students will be required to have the flu vaccine in season.
4. Letters of Reference. Submit 3 letters of reference. These should be from current instructors, counselors, principals or from other persons of responsibility who can give a reference of your desire or ability in the health care field. NO relatives.
5. Essay. Submit a **500 word** essay. This essay is to include the following information: why you have chosen to pursue a health-related career; your career goals, and a recent medical or science or technology advance in health care that is of interest to you. Please **TYPE** your response on 8.5 by 11-inch paper with your name at the top right corner of each page.
6. Documentation of volunteer assistance. Submit the enclosed form as documentation of at least 4 hours of volunteer assistance in a healthcare facility (nursing home, retirement center, assisted living center, hospital, home health agency, hospice, clinic, medical office, rehabilitation center, etc.).

B. Admissions Process:

Health Careers Certification has a limited number of openings each year. Western Technology Center enrolls on a “first come first served” basis. **The enrollment in Health Careers Certification is contingent upon TOTAL completion of this check list (including documents and activities AND turning these forms into Mrs. Wedel).**

C. Included in packet

- Admission Requirements
- Volunteer Assistance Documentation form
- Letters of Reference X 3
- Admission Consent Form
- Admission Checklist
- OSBI Background Check (if the applicant is 18 years of age or older)

**VOLUNTEER ASSISTANCE DOCUMENTATION**

Name of volunteer \_\_\_\_\_

Name of medical facility \_\_\_\_\_

Address of facility \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Person completing this form at facility \_\_\_\_\_

Phone number of the facility \_\_\_\_\_

Description of volunteer assistance given \_\_\_\_\_

\_\_\_\_\_

Date and hours volunteer present \_\_\_\_\_

Signature of facility contact \_\_\_\_\_

Comments of facility contact \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Health Careers Certification-Burns Flat Campus  
Parental and Student Consent Statement:**

**The undersigned hereby understand, consent and agree as follows:**

We understand that health care education program has experiences in laboratory and clinical environments that use equipment, scientific instrumentation, chemicals and biologicals when under ideal laboratory conditions may involve a degree of risk which is probably greater than ordinarily encountered in daily life and which certainly could involve greater risk if used improperly. We also understand that the laboratory and clinical personnel are mindful that they have special obligations and responsibilities to exercise care and attention in the instruction and supervision of our son/daughter and in excluding them from activities they believe to be inherently dangerous or inappropriate to their experience level. Our son/daughter will be required to attend a laboratory and clinical safety instruction course and will be taught and/or supervised in the proper handling of such equipment, instrumentation and materials to minimize risk.

We understand that this program is not an “introductory” class, but rather, a program to prepare the student for success in the healthcare field. This program consists of a **self-paced, discovery learning type curriculum**. The instructor is a facilitator to assist the student to explore a variety of resources to solve problems to gain knowledge needed to complete the objectives of the course.

Students will be part of the local, state, and national chapters of Health Occupation Students of America (HOSA). Dues are the students’ responsibility

We understand the student should have the following skills, characteristics and attributes in order to be successful in this program:

- Understanding that remediation is available for those who need it, students should have at least 10<sup>th</sup> grade levels in the areas of reading, comprehension, and mathematics.
- **Student must be a “self-starter”**. The student must be able to work through the curriculum on his/her own. Each student will work toward their own goal at their own pace though there are benchmarks to assure that the student progresses toward their goal of completion, certification and employment.
- **Students must be able to work well with others** on group projects or study sessions.
- Students may be required to lift or transfer up to 25 pounds or work on the floor, stand at a workstation or sit at a workstation typical to those in the healthcare field.
- Students that have a felony you may not be able to be employed in the healthcare field.
- Students who would not be likely to acquire the necessary credentials to work in the healthcare field may not be successful in HCCB.
- Students will be required to comply with health and safety regulations that include dress code, immunizations and background check. **Costs are the students’ responsibility.**
- The board has the right to deny a license to an individual with a history or criminal background, disciplinary action on another health-related license or certification or judicial declaration of mental competence. These cases are considered on an individual basis at the time application for licensure is made with the exception of felony or sex offender status. An individual with a felony conviction cannot apply for licensure for at least five years after completion of all sentencing terms, including probation and suspended sentences, unless a presidential or gubernatorial pardon is received [59 O.S. 567.6]

I, the undersigned, acknowledge that **I have requested the opportunity to be a student** in the Health Careers Certification program at Western Technology Center, Burns Flat Campus. I understand that if accepted, I will be subject to **certain rules and regulations** concerning safety, the clinical facility, and general decorum and conduct. I also understand that this arrangement is by invitation and that the needs and plans of the Technology Center and the clinical facility where I am assigned may change or **require termination of the arrangement at any time**. *I agree that I will follow the policies and procedures that are outlined in the student handbook, or I may be dismissed from the program and if I am a high school student I will have to return to my home high school for the remainder of the school year.*

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

**Karla Wedel  
Western Technology Center  
PO Box 1469, Burns Flat, OK 73624**

**LETTER OF REFERENCE**

**Applicant Name** \_\_\_\_\_ **Date** \_\_\_\_\_  
(Please Print)

**Applicant's Release of Information:** I (the applicant) give my permission to release information to Western Technology Center concerning my qualifications for entrance into a health-training program at Western Technology Center, and I agree to hold blameless the person being requested to complete and return this form.

(Signature of Parent)

(Signature of Applicant)

**Confidential Response Form**

Complete the following form based upon work association with the above applicant. Please complete all information requested below, or the reference will not be considered. Return reference form by faxing to the above number or mailing to the above address. Do not return to the applicant. The reference is confidential and will be kept secured.

Please check the box that best describes the individual performance characteristics for each of the dimensions or traits listed. Thank you for your time and efforts.

Dimensions or Trait	Exceeds Standard	Meets Standard	Below Standard
<b>Judgment and Problem Resolution</b>			
<b>Tolerance for Stress</b>			
<b>Teamwork</b>			
<b>Communication Skills</b>			
<b>Attention to Detail and Organization</b>			
<b>Initiative</b>			
<b>Appropriate Appearance and Demeanor</b>			
<b>Graciously Accepts Criticism and Suggestions</b>			
<b>Attendance and Punctuality</b>			

**Additional Comments:**

**Individual Completing Reference:**

**Name** \_\_\_\_\_ **Title or Position** \_\_\_\_\_

**Institution where employed** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

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Western Technology Center  
PO Box 1469, Burns Flat, OK 73624**

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**Institution where employed** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**Thank you, again.**

**Karla Wedel  
Western Technology Center  
PO Box 1469, Burns Flat, OK 73624**

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(Signature of Applicant)

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**Name** \_\_\_\_\_ **Title or Position** \_\_\_\_\_

**Institution where employed** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**Thank you, again.**

## BACKGROUND CHECK

**If you are under 18, this is NOT required!**

The [Oklahoma Open Records Act](#) was established to ensure and facilitate the public's right of access to and review of government records. The privacy interests of individuals are adequately protected in the specific exceptions to the Oklahoma Open Records Act or in the Statutes, which create or require the records.

Pursuant to the Oklahoma Open Records Act, [Title 51 § 24.A.5.2](#), all requests for Criminal History Record Information must include at least the full name and date of birth of the subject to be searched. Additional identifiers such as aliases (i.e. maiden names, nicknames) and social security numbers, if known, should be provided resulting in a more complete search of the Criminal History Record files.

**You will need all the ALL of these minus the Fingerprint Based Search.**

**Link to the OSBI Criminal History Request form**  
**<http://www.ok.gov/osbi/documents/RecordCheckForm.pdf>**

## Admission Checklist: HEALTH CAREERS

Applicant Name \_\_\_\_\_ School: \_\_\_\_\_ GR: \_\_\_\_\_

- Documents must be received ON or BEFORE the deadline to be considered for Priority Enrollment.

ITEM TO BE COMPLETED	DATE RECEIVED	ON TIME – Yes	ON TIME - No
WTC Application Form Complete			
Consent Form Complete			
Documentation of immunization Immunization record must show HB vaccine. TB will be required if accepted into the program.			
Reference Letter 1			
Reference Letter 2			
Reference Letter 3			
Essay (typed!)			
Volunteer Hours at a Medical Facility			
Background Check (18+ only)			
<b>COMPLETION DATE:</b>			
Mandatory Parent Meeting	Yes / No		

<i>FOR OFFICE USE ONLY</i>					
Select Priority:	High School	13 <sup>th</sup> Year			Adult
		Rec	Rec	Rec	
<b>Notes:</b>					
<b>Committee Member Signature:</b> _____					



# HEALTH CAREERS CERTIFICATION

## Burns Flat Campus

### COST LIST 2022-2023

*Certification costs could include but not limited to the following:*

Home Health Care Deeming	\$25.00 (2 <sup>nd</sup> year)
Certification tests for Long-Term Care	\$90.00
National Health Science Assessment	\$12.00 (2 <sup>nd</sup> year)

*Other required costs to be purchased by the student:*

\*HOSA uniform minimum 1 sets (Khaki slacks or skirt and white polo)

\*Clinical uniform (scrubs) minimum 2 sets Steel Gray color solid top and bottoms

**\*These are required the FIRST DAY OF SCHOOL.**

\*White-all white, non-canvas, shoes – walking type or nursing type, closed toe and heel

\*Watch with a sweep second hand

\*2gb Flash drive \*#2 pencils \*blue or black pens \*notebook paper

\*Calculator

\*Ear Buds or headphones

*These textbooks provided for class use. Optional purchase is paid to instructor:*

Advanced Skills for Health Care Providers	\$101.25
Introduction to Anatomy and Physiology	\$72.50
Foundations in Personal Finance	\$12.49
Workplace Readiness for Health Occupation 2 <sup>nd</sup> Edition	\$81.75
Textbook to accompany Medical terminology online	\$111.00
Human Body in Health and Disease 4 <sup>th</sup> Edition	\$61.95
Mosby's Long-term Care Assistants	\$52.50
Medication Administration Technician	\$19.00
CareerSafe Voucher	\$25.00
Oklahoma CareerTech/ Medical Terminology online	\$52.75
Heartsaver First Aid Student Workbook	\$8.50
Nursing Process: Concepts and Applications	\$107.95
Fundamentals of Nursing	\$44.00
Nursing Concepts CIMC	\$35.00
Restorative Aide	\$135.00
Medical Terminology Online for Health Care Professionals	\$52.75
BLS Health Care Providers Student Manuals	\$15.00

- **Prices are subject to change.**

Revised August 29, 2022